

Bibliographic Information Application Data Sheet (ADS)

Inventor Information

Inventor One Given Name:: Michael
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Name Suffix::
Mailing Address Line One:: 66 Maugus Avenue
Mailing Address Line Two::
City:: Wellesley Hills
State or Province:: MA
Postal or Zip Code:: 02481

City of Residence:: Wellesley Hills
State or Prov. of Residence:: MA
Country of Residence:: USA

Citizenship Country:: US

[repeat for additional inventors]

Correspondence Information

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State or Province:: NH
Country:: USA
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Application Information

Title Line One:: DEVICE FOR LACERATION OR INCISION CLOSURE
Title Line Two::
[Repeat for any additional lines]
Suggested classification::
Suggested Tech. Center::
Total Drawing Sheets:: 3
Suggested Dwg. Figure for Pub.:: 1
Docket Number:: 0156-2006US01
Application Type:: Utility

Licensed US Govt. Agency::

Contract or Grant Numbers One::
Contract or Grant Numbers Two::
Secrecy Order in Parent Appl.?:: [Yes or No]

If plant parent app.,
Latin name of genus and species of plant claimed::

Representative Information

Registration Number One:: 35,505
Registration Number Two::
[Repeat for extra registration numbers]

Domestic Priority Information

This application is a:: [Continuation of, Continuation-in-part of, Division of,
Non-Provisional of, National Stage of, Reissue of,
Reexamination of, Substitution for]

Application One::
Filing Date::

which is a::
Application Two::
Filing Date::
[repeat as necessary]

· **Foreign Application Information**

Foreign Application One::
Filing Date::
Country::
Priority Claimed: [Yes or No]

Assignee Information

Name of assignee:: ClozeX Medical, LLC
Address Line One:: 16 Laurel Avenue
Address Line Two:: Suite 200
City:: Wellesley
State or Province:: MA
Country:: USA
Postal or Zip Code:: 02481-7530